

Please find the mailing address for the DNR location nearest you by visiting our website  
<http://dnr.wi.gov/Contact/SSbyCity.html>

**Notice:** Information requested is required for the Department to determine whether or not to grant a variance under the provisions of sections NR 106.80 through 106.96, Wis. Adm. Code. Failure to provide all of the requested information may result in denial of your application. Personal information collected will be used to administer the watershed program and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

**Applicant Information**

Company Name <u>Village of Cedar Grove</u>			Contact Name <u>John Priesen</u>		
WPDES Permit No. <u>WI-0020711-08-0</u>			Street Address <u>22 E. Willow Ave</u>		
Facility Name <u>Cedar Grove Wastewater Treatment Facility</u>			City <u>Cedar Grove</u>	State <u>WI</u>	ZIP Code <u>53013</u>
Street Address			Telephone Number (include area code) <u>920 668 6523</u>		FAX Number <u>920 668 8597</u>
City <u>Cedar Grove</u>	State <u>WI</u>	ZIP Code <u>53013</u>	E-mail Address <u>voegjohn@gmail.com</u>		
Receiving Water <u>Barr Creek</u>				Average Discharge Flow Rate <u>1.6 MGD</u>	

**Capital Cost**

Have you done a study to determine the capital cost of end-of-pipe chloride removal for your facility?

- ☐ Yes - Please include the information with this worksheet or mail it with the signature portion of the permit application.  
☒ No - Please complete this estimate of relative capital cost:

**Chloride Removal Capital Cost:**

$$\$1.125 \times \text{Annual Average Design Flow (in MGD)} \times 1,000,000 = \underline{675,000}$$

**Chloride Removal as a Percentage of Annual Capital Cost:**

$$\frac{\text{Chloride Removal Capital Cost (from above)}}{\text{Capital Cost of Current Wastewater Facility}} \times 100 = \underline{23.4} \%$$

2,881,443

**Operational (O&M) Cost Based on the Cost Estimate**

Have you done a study to determine the annual O & M cost of end-of-pipe chloride removal for your facility?

- ☐ Yes - Please include the information with this worksheet or mail it with the signature portion of the permit application.  
☒ No - Please complete this estimate of relative O&M cost:

**Chloride Removal O&M Cost:**

$$(\$1.00 \times \text{Annual Average Design Flow (in MGD)} \times 1000 \times 365) = \underline{219,000}$$

**Chloride Removal as a Percentage of Annual O&M Cost:**

$$\frac{\text{Chloride Removal O&M Cost (from above)}}{\text{O&M Costs of Current Wastewater Facility}} \times 100 = \underline{119} \%$$

**Treatment Facility Information**

Do you know of a facility that could accept the concentrated brine solution that would result from end-of-pipe chloride treatment? ☐ Yes / ☒ No

If yes, Name of Facility \_\_\_\_\_

# Chloride Variance Application

Form 3400-193 (R 08/14)

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The information in the following questions is requested to assist the permittee and the Department in determining appropriate effluent values or limitations, compliance schedules and source reduction measures.

## Sample Information

Have you sampled at least eleven effluent samples for chloride over the course of at least a year? ☒ Yes / ☐ No

### For Municipalities Only

	Yes	No
a) Have you identified industrial contributors of chloride to your sewer system?	<input type="radio"/>	<input checked="" type="radio"/>
b) Have you requested voluntary reductions of chloride from any industrial users to your sewer system?	<input type="radio"/>	<input checked="" type="radio"/>
c) Have you instituted sewer use ordinances regulating or limiting the discharge of chloride from significant industrial users?	<input type="radio"/>	<input checked="" type="radio"/>
d) Does your community have centralized softening of source water through a water utility?	<input type="radio"/>	<input checked="" type="radio"/>
e) Have you determined typical concentrations of chloride from domestic users of your sewer system?	<input type="radio"/>	<input checked="" type="radio"/>
f) Does your community implement a public information program on proper maintenance and improved efficiency of residential softeners?	<input checked="" type="radio"/>	<input type="radio"/>
g) Have you implemented local ordinances to mandate the use of efficient softeners?	<input type="radio"/>	<input checked="" type="radio"/>

### For Industry Only

	Yes	No
a) Is privately softened water, use of brine, or use of salt integral to your production process?	<input type="radio"/>	<input type="radio"/>
b) Do you operate a private softener for your industrial process?	<input type="radio"/>	<input type="radio"/>
c) Have you optimized operation of your water softener (adjustment of regeneration interval, salt dosage, replacement of backwash controller)?	<input type="radio"/>	<input type="radio"/>
d) Have you determined which industrial processes can be run without softened water?	<input type="radio"/>	<input type="radio"/>
e) Have you implemented practices to reduce or reuse any brine solutions or softened water in your industrial process?	<input type="radio"/>	<input type="radio"/>
f) Have you implemented housekeeping practices to reduce spillage of any brine solutions, or to minimize the contribution of salt to the wastewater treatment system?	<input type="radio"/>	<input type="radio"/>

**Please list any contributors to the POTW in the following categories:** (For industrial permittees, skip to the certification section.)

Food processors (cheese, vegetables, meat, pickles, soy sauce, etc.)

N/A

Metal Plating/Metal Finishing

N/A

Car Washes

AKA Station

Municipal Maintenance Sheds (salt storage, truck washing, etc.)

Salt Storage Nov. - Mar. Truck Washing

Laundromats

N/A

Other presumed commercial or industrial chloride contributors to the POTW

N/A

Additional Information or Comments

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**Certification**

Based on the information provided, I believe that attainment of the applicable water quality standards for chloride may cause substantial and widespread adverse social and economic impacts in the area where this discharge is located. I understand that, as a condition of the variance, the Department and the permittee will need to agree upon an interim effluent limitation, a target value or target limitation, and a compliance schedule to implement source reduction. I understand that these conditions will be included in the WPDES permit issued to this facility. I certify that the information provided is true, accurate and complete.

Individual Submitting Request

(Individual must be an Authorized Representative)

Michael DeHaai

Title

Village President

Signature of Official

Michael DeHaai

Date Signed

5/2/19